

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40320
STATE FILE NUMBER
199

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 5199

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY				c. CITY OR TOWN WALNUT GROVE			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL				d. STREET ADDRESS (If outside, give location) 15 hours			
3. NAME OF DECEASED (Type or print) First ROBERT Middle MONTGOMERY Last FAGAN JR.				4. DATE OF DEATH Month November Day 5 Year 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH September 8, 1886	
9. AGE (In years less birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff		11. BIRTHPLACE (City and state or country) Mo. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Fagan				13b. MOTHER'S MAIDEN NAME Estella Fagan			
14. NAME OF HUSBAND OR WIFE Linnie				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI			
16. SOCIAL SECURITY NO. 486-24-0546A				17. INFORMANT Robert Fagan, Jr. Address La Grange, Ill. VA Hospital Official Records, K. C. Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, extensive, RLL Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Vesicular Pulmonary emphysema PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus							
INTERVAL BETWEEN ONSET AND DEATH 5271							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____	
21. I attended the deceased from November 4, 1957 to November 5, 1957 Death occurred at 1000 6:30A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Hugh H. Owens (Degree or title) 3				22b. ADDRESS 1034 Rialto Bldg			
22c. DATE SIGNED 11-5-57							
23a. REMOVAL (Specify)		23b. DATE NOV 5 1957		23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY		23d. LOCATION (City, town, or county) (State) WALNUT GROVE MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS				25. DATE RECD. BY LOCAL REG. 11-6-57		26. REGISTRAR'S SIGNATURE Reva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

MISSOURI

MISSOURI

ST. LOUIS

X

ST. LOUIS

12 hours

ST. LOUIS

December 2, 1937

1937

1937

1937

1937

September 8, 1936

XX

White

Male

U.S.A.

Virginia

Police

Deputy Sheriff

VA Hospital Official Records, H. C. A.

III



Gravestone, offensive, III

STATEMENT BY LICENSED EMBALMER

Verbal statement of the deceased

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

X by me, or by , Student Embalmer No.

working under my personal supervision.

Student

Signed *Chester K Brown*

Signature of Student Embalmer

December 2, 1937 Licensee No. 493/

403:8

P. O. Address *K E 5th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.